SAN ANTONIO UNIFORMED SERVICES HEALTH EDUCATION CONSORTIUM

BROOKE ARMY MEDICAL CENTER WILFORD HALL MEDICAL CENTER Residency Training Programs Resident File Format

BROOKE ARMY MEDICAL CENTER DOCUMENTATION A

- 1. Personnel Data Sheet
- 2. Contract / BAMC Agreement / Due Process
- 3. In-Processing Documents (e.g., Ltr of Appt, Oath of Office, etc)
- 4. Medical Student Diploma
- 5. Military Orders
- 6. Graduation Certificates
- 7. CV
- 8. Photo
- 9. Reference Letters
- 10. ERAS Application

WILFORD HALL MEDICAL CENTER PART 1 OF 6

- 1. Data Fact Sheet
- 2. Contract Residency Program
 Orientation Booklet / Handouts
- 3. Not Required
- 4. Medical Student Diploma
- 5. Not Required
- 6. Not Required
- 7. CV w/Photograph
- 8. See item # 7
- 9. Reference Letters
- 10. GME / ERAS Applications

BROOKE ARMY MEDICAL CENTER DOCUMENTATION B

- 1. State Medical License
- 2. Institutional Permit
- 3. DEA
- 4. Immunization Record

WILFORD HALL MEDICAL CENTER PART 2 OF 6

- 1. State Medical License
- 2. Institutional Permit
- 3. Not Required
- 4. Immunization Record

BROOKE ARMY MEDICAL CENTER JCAHO TRAINING REQUIREMENT

- Employee Safety, Health and Training Requirements (BAMC Form 999)
- 2. BAMC Birth Month Annual Training
- 3. ACLS / BLS / ATLS / C4
- 4. Completion Certificates (Training)
- 5. Support Form

WILFORD HALL MEDICAL CENTER PART 3 OF 6

- 1. AF Form 55, Employee Safety and Health Record
- 2. AF Form 1098, Special Task Certification and Recurring Training
- 3. ACLS / BLS / ATLS / C4 (Current Copies)
- 4. Completion of Training Certificates
- 5. Program's Orientation Summary Checklist

Accreditation Council of Graduate Medical Education

Residency Review Committee

Initial and Annual Competency Assessment

BROOKE ARMY MEDICAL CENTER POST-GRADUATE YEAR

- 1. Evaluations (e.g., rotation; procedural; research, lecture; final, etc.)
- 2. Counseling
- 3. Program Director's Recommendation
- 4. Verification Memo of Training Completion
- 5. Rotation Schedule (i.e., most current)
- 6. Other (i.e., any additional documents pertaining to PGY1)

WILFORD HALL MEDICAL CENTER PART 5 OF 6

- 1. Rotation Schedule
- 2. AF Form 494, Academic/Clinic Evaluation Reports
- 3. Semester Grades
- 4. National Examination Scores
- 5. AF Form 475, Education/Training Report
- 6. AF Form 1562, Credentials Evaluation of Health Care Practitioners
- 7. AF Form 2818, Credentials Privilege List
- 8. Memorandum for Record Counseling
- 9. Formal Probation Notification

BROOKE ARMY MEDICAL CENTER

Miscellaneous

WILFORD HALL MEDICAL CENTER PART 6 OF 6

- 1. American Board of Orthopaedic Surgery Post Graduate Medical Education (Form 1A) Received in Non-Orthopaedic Programs of Non-Orthopaedic Education within the Orthopaedic Program
- 2. Approved Letters of Scheduled Clerkship Rotation
- 3. USMLE Step 3 Application Notarized Copy
- 4. Resident Operative Experience Summary (each service rotation)
- 5. Notification Letters of WHMC Resident Rotating at UTHSCSA
- 6. SF Form 1164, Claim for Reimbursement for Expenditures on Official Business